

(2 Data Items)

The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0701-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to the above address. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. Listed in Block E.

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

<b>CONTRACT DATA REQUIREMENTS LIST</b> <i>(2 Data Items)</i>						<i>Form Approved</i> <b>OMB No. 0704-0188</b>		
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<b>A. CONTRACT LINE ITEM NO.</b>		<b>B. EXHIBIT</b>		<b>C. CATEGORY</b> TDP _____ TM _____ OTHER _____				
<b>D. SYSTEM/ITEM</b> Norfolk NSY FY16 Touch Labor Category: Painter			<b>E. CONTRACT/PR NO.</b>		<b>F. CONTRACTOR</b>			
1. DATA ITEM NO. A003		2. TITLE OF DATA ITEM Financial / Status Report			3. SUBTITLE			
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE SOW Paragraph 5.2.10		6. REQUIRING OFFICE NNSY C/900R,			
7. DD 250 REQ LT		9. DIST STATEMENT REQUIRED A		10. FREQUENCY Daily		12. DATE OF FIRST SUBMISSION See Block 16		
8. APP CODE N/A		11. AS OF DATE See Block 16		13. DATE OF SUBSEQUENT SUBMISSION See Block 16		14. DISTRIBUTION		
<b>16. REMARKS</b>  The Contractor shall daily deliver an electronic log that shows each contract employee name, NNSY badge number, Trade Skill, Job Order/Key Op worked, project (vessel) and shop working under, daily straight and overtime, as separate entries, and cumulative total straight and overtime hours worked . This will be in a Microsoft Excel spreadsheet format delivered to the TPOC (FAX 757-396-1853) and COR. TPOC phone number 757-396-0992.				a. ADDRESSEE		b. COPIES		
				Draft		Final		
				Reg		Repro		
				C/900R TPOC		0    1    0		
				C/900R COR		0    1    0		
15. TOTAL <input type="checkbox"/>				0		2    0		
1. DATA ITEM NO.		2. TITLE OF DATA ITEM			3. SUBTITLE			
4. AUTHORITY (Data Acquisition Document No.)			5. CONTRACT REFERENCE		6. REQUIRING OFFICE			
7. DD 250 REQ		9. DIST STATEMENT REQUIRED		10. FREQUENCY		12. DATE OF FIRST SUBMISSION		
8. APP CODE		11. AS OF DATE		13. DATE OF SUBSEQUENT SUBMISSION		14. DISTRIBUTION		
<b>16. REMARKS</b>  				a. ADDRESSEE		b. COPIES		
				Draft		Final		
				Reg		Repro		
15. TOTAL <input type="checkbox"/>								
<b>G. PREPARED BY</b>			<b>H. DATE</b>		<b>I. APPROVED BY</b>		<b>J. DATE</b>	

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